

[Your Name]
[Your Job Title]
[Date]

[Manager's Name or HR Representative Name]
[Company Name]
[Department]

Subject: Request for Extension of Workplace Accommodation

Dear [Recipient Name],

I am writing to formally request an extension of my current workplace accommodation, which was originally approved on [Start Date] and is scheduled to expire on [End Date].

As previously documented, this accommodation is necessary to assist me in performing the essential functions of my role due to [optional: brief mention of medical condition or disability]. At this time, I am requesting that the following accommodation(s) be extended:

- [Specific Accommodation 1, e.g., remote work, flexible hours]
- [Specific Accommodation 2, e.g., ergonomic equipment]

I am requesting this extension until [Proposed New End Date] or until [Specific Event/Re-evaluation Date]. Attached to this letter, please find updated documentation from my healthcare provider which supports the ongoing need for these measures.

I remain fully committed to my responsibilities at [Company Name] and believe that this extension will allow me to continue performing my duties effectively. I am available to meet to discuss this request or provide any further information required for the review process.

Thank you for your ongoing support and for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]